

| TOPIC | DISCUSSION | DECISION AND/OR ACTION |
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| <p>V. New Business A. Actiq®</p> <p>1. Discussion of Prior Authorization Criteria</p> <p>2. Public Comment</p> <p>3. DUR Board Recommendation</p> | <ul style="list-style-type: none"> Anne presented utilization data for Actiq®, and reviewed package labeling for indications and dosing. Based on this information, a PA criteria draft for Actiq® was presented. Ms. Kroeger questioned if this medication is restricted currently. Anne stated that there are no restrictions in place currently. Dr. James Warren (Cephalon) presented information on breakthrough pain. Dr. Burke stated today's focus is on the formulation of the medication not the effectiveness of fentanyl in pain treatment. Dr. Burke read a statement submitted by Dr. Schewe. She is in favor of using Actiq® for cancer patients. She feels four units/day is a reasonable limit. If more than four units per day is needed, then the baseline analgesic meds may need to be adjusted. Dr. Burke would like to see #1 of criteria modified to read ...pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain. With no further board discussion, a motion was placed before the board. | <ul style="list-style-type: none"> A motion was made by Dr. Bryant to accept the PA criteria draft and seconded by Dr. Grauer with the modifications to #1 as stated by Dr. Burke. The motion carried unanimously by roll call. |
| <p>B. Erectile Dysfunction Drugs Viagra®, Levitra®, Cialis®, Caverject®, Edex®, Muse®</p> <p>1. Discussion of Prior Authorization</p> <p>2. Public Comment</p> | <ul style="list-style-type: none"> Anne reviewed the directive from Centers for Medicare and Medicaid Services (CMS) on the issue of coverage of erectile dysfunction drugs for registered sex offenders. It stated that the use of these drugs in sex offenders is not appropriate and Medicaid should not pay for them in this situation. Medicaid needs to implement appropriate controls to ensure this directive is met. Anne reviewed the proposal for prior authorization that was developed by State staff. Along with clinical criteria, the PA would require renewal on a monthly (calendar) basis and limit the quantity to 2 units/month or 1 two-unit kit per month. Dr. Burke questioned if ED drugs are on PDL currently. Anne stated no. Deb Q. stated injectables require PA, but oral ED drugs have a quantity limitation only. Dr. Brad Rupp (Urologist) gave testimony about his practice and feels the limit should be increased to six units/month. Discussion surrounded the issue of accepting phone calls for the PA approval process vs. paper form. Mary stated phone calls would be accepted between physician and PA unit. Dr. Grauer asked what number of phone calls do we anticipate. Deb Quintanilla stated based on a report ran January | |

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| <p>3. DUR Board Recommendation</p> | <p>through July of this year, there are an average of 377 beneficiaries receiving the ED drugs. They anticipate receiving 750 calls a month.</p> <ul style="list-style-type: none"> • Deb Q. stated the process usually starts with the pharmacy, but would require a call to the physician to verify nitroglycerine history. • Dr. Bryant questioned whether it would be possible to leave the PA approval in place for a year and review the registered sex offender list as it is updated; then deactivate PA's as necessary in an attempt to decrease phone calls to the PA unit. • Nialson stated we will accept all recommendations from the Board for improving the process and will take them back to the appropriate level for review. • Ms. Kroeger feels the restriction is going to prevent prescribing these drugs due to the burden of obtaining the PA. • Dr. Burke stated one option would be to not cover the ED drugs. • Mary stated this is a recommendation we will elevate to the proper level for review. • Dr. Burke read Dr. Schewe's statement. She stated she views the proposed PA as restrictive, but approves of it as long as oral contraceptives are covered for female beneficiaries. Mary stated that Medicaid does cover oral contraceptives for females. <ul style="list-style-type: none"> • Dr. Burke recommends we accept criteria as is and review the activity and cost burden created by the new PA six months post implementation. • With no further board discussion, a motion was placed before the board. | <ul style="list-style-type: none"> • A motion was place before the board by Dr. Kentfield to accept the PA criteria draft as prepared and seconded by Dr. Bryant. The motion carried unanimously by roll call. |

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| F. Medicare Part D-Overview | <ul style="list-style-type: none"> • Kay Wiese from the Division of Health Policy and Finance presented an overview on Medicare Part D. She reviewed how dual eligible/partial dual eligible beneficiaries would be affected by this change. In addition, the Senior Health Insurance Counseling for Kansas (SHICK) can answer questions for those eligible for the program. • Mary presented financial data regarding Medicare Part D and the Kansas Medicaid Assistance Program | <ul style="list-style-type: none"> • Mary will send the phone number to Board members for Senior Health Insurance Counseling for Kansas(SHICK) |
| VI. Adjournment | <ul style="list-style-type: none"> • There being no further discussion, a motion to adjourn was placed before the Board. | <ul style="list-style-type: none"> • A motion was made by Dr. Unruh and seconded by Dr. Grauer to adjourn the meeting. The motion carried unanimously by roll call. The open meeting was adjourned at 11:45 a.m. |